



PART B - FEE(S) TRANSMITTAL

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LEE & HAYES PLLC
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03/15/2005 WASF#2 00000016 500463 09632662

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| | |
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| <i>Noemi Tovar</i> | (Depositor's name) |
| <i>Noemi Tovar</i> | (Signature) |
| 3-11-05 | (Date) |

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|-----------------|-------------|----------------------|---------------------|------------------|
| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 097682,662 | 08/04/2000 | JEFF S. FORD | MSI-1099US | 3282 |

TITLE OF INVENTION: SYSTEM AND METHOD FOR PRE-PROCESSING A VIDEO SIGNAL

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|---|---|-----------|-----------------|------------------|----------|
| nonprovisional | NO | \$1400 | 0 | \$ 1400 | 3-15-05 |
| EXAMINER | | ART UNIT | | CLASS-SUBCLASS | |
| <i>LEE, MICHAEL</i> | | 2614 | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | | |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MICROSOFT CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

REDMOND, WA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **50-0463** (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date **3-11-2005**

Typed or printed name **Steven Spellman**

Registration No. **45,124**

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